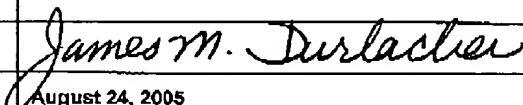
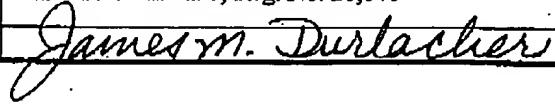


WEMMH/SB/21 (4/03)

| | | | | |
|--|----|------------------------|---------------------|--------------------|
| TRANSMITTAL FORM | | Application Number | 09/942 317 | RECEIVED |
| (to be used for all correspondence after initial filing) | | Filing Date | August 29, 2001 | CENTRAL FAX CENTER |
| | | First Named Inventor | Thuan PHAM | |
| | | Group Art Unit | 1746 | AUG 24 2005 |
| | | Examiner Name | Zeinab El-Arini | |
| Total Number of Pages in this Submission | 15 | Attorney Docket Number | 8016-548/8-02-12208 | |

| | | | |
|--|--|---|--|
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 2 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard | |
| | | Remarks | |

| | | | |
|---|---|--|----------------------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP | | RECEIVED OIPE/IAP |
| Signature |  | | AUG 25 2005 |
| Date | August 24, 2005 | | |

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| Typed or printed name | James M. Durlacher, Reg. No. 28,840 | | |
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FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

 Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 450.00)

| Complete If Known | |
|------------------------|----------------------|
| Application Number | 09/942,317 |
| Filing Date | August 29, 2001 |
| First Named Inventor | Thuan PHAM |
| Group Art Unit | 1746 |
| Examiner Name | Zeinab El-Arini |
| Attorney Docket Number | 8016-548/ 8-02-12208 |

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None Other (please identify): _____

Deposit Account: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henrv LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | — |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | — |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | — |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | — |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

50 25

Each Independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee

Fee Paid (\$)

* - 20 or HP = * x 50 = (\$ 0)
(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims Extra Claims Fee (\$)

360

\$ 0

* - 3 or HP = * x 200 = (\$ 0)
(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.18(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

-100 = / 60 = (round up to a whole number) x = 0

4. OTHER FEE(S)

Non-English Specification.

0

0

Other: Fee for 2 month Ext. of Time

\$450.00

SUBMITTED BY:

| | | | | | |
|--------------------|--------------------|---------------------------------------|--------|------------|-----------------|
| Name (Print/Type): | James M. Durlacher | Registration No.: (Attorney/Agent) | 28,840 | Telephone: | (317) 634-3456 |
| Signature: | James M. Durlacher | | | Date: | August 24, 2005 |

CERTIFICATE OF MAILING OR TRANSMISSION

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